REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4)

Summary Sheet
FILE NUMBER

84-08-37

IS THIS AN AMENDMENT? Yes X No		TOTAL PAGES IN ENTIRE OF A 4 REPORT		
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new n	name			
Shipman for Councilman - At-	h/	Rae		
2. Acronym of Abbreviated Name (if any)	3. Committee Telephone Number			
	(8	12,249-	8919	
4. Mailing Address (address where all campaign finance correspondence is received)	neck if th	is is a new address		
POBOX 5122				
5. City, State, ZIP Code		y Affiliation (if applicab		
Terre Haute, IN 47805	<	EPUBLI	CAU	
CANDIDATE INFORMATION (For Candidate's Co 7. Full Name of Candidate (include any nickname)				
		y Affiliation or If Indepe		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		EPUBLE unty of Residence	CAO	
COUNTY COUNCIL AT LARGE		I C O	Ī	
TYPE OF REPORT	U		NTION CANDIDATES ONLY	
11. Check one:		Check or		
Pre-Primary Pre-Election Annual Nomination Other			Convention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of the	Organizatio	_{in)} Post	t-Convention	
12. Reporting Period:		COLUMN A	COLUMN B	
From: 1/1/2008 Through: 4/11/2008		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		0		
14. Cash on hand and investments January 1, current year.			٥	
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)				
15b. Unitemized	-	140.00		
15c. Add lines 15a and 15b in both columns SUBTC	OTA!	0.00	·	
10 Add lines 40 and 45 in 0 in	OTAL	140.00		
EXPENDITURES	JIAL	140.00	140.00	
(Note: These amounts include in-kind expenditures and loan repayments.)	-			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00	0:00	
17b. Unitemized		43.22	43.22	
17c. Add lines 17a and 17b in both columns SUBT	OTAL	43.22		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	96.78		
19. Debts OWED BY the committee (use Schedule D)		250.00		
20. Debts OWED TO the committee (use Schedule E)		0.00		
CERTIFICATION		T - T - T - T - T - T - T - T - T - T -		
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRI	HE CODE	DECT AND COMPLETE	FOR OFFICE US OFF	
Signature of Treasurer CC Title		Date / / _	VIGO COUNTY SUPERIOR COU	
Boing L. Shipman TREASURER		4/17/08	ADD 4 7 0000	
Signature of Carpelidate (if applicable)	D	ate 12	APR 1 7 2008	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (It	C 2 0 4 5	14/12/18	Petricial Mensel	
			Titain R. Musel	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4	-16, IC 3-	9-4-17, IC 3-9-4-18)	CLERK	



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200 if regular party committees). All transfers and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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<u> </u>				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Gordon Pleus 2159 Poplar Terre Hauta, IN 47803	Contributions: Direct In-Kind (describe) Pa: N Other Receipts: Interest Loan Misc. (specify)	\$75.00	\$75,00	4/11/08 Jack Shipman
Joe Sellekin Presstine Graphics 1016 Poplar St. Terre Haute, In 47803	Contributions: Direct In-Kind (describe) CARPS + Flyers Other Receipts: Interest Loan Misc. (specify)	\$65.00	\$65.00	3/14/08 IACK ShipmAN
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$140.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 140.00		

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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LENDER'S OCCUPATION:	SPECIALTY GRAPHICS SOIN 13th St. TERRE HAUTE, IN 41804	\$250.00 SIGNS + GRAPHICS	4/1/08	0.00	1250.00
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION.					
LEBORNS CAMPAILUR					
LENDER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D					\$25000
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$250.00	